

## TEMPORARY LODGING ALLOWANCE CLAIM FORM

ISC Honolulu Form TLA-001B (Rev: 10/00)

Department of Transportation - U. S. Coast Guard

### SECTION A: IDENTIFICATION SECTION

1. Member's Name (Last, First, MI):	2. Rank/Rate:	3. Social Security Number:
4. Permanent Duty Station:	5. Duty Phone #:	6. Pay Base Date:

### SECTION B: MEMBER'S CERTIFICATION

1. In accordance with the provisions of the JFTR, Para. U9200, I request TLA for a period of  days, in conjunction with Reporting PCS, Departing PCS or Special Occasion TLA. The total number of days I have been on TLA is .

a. Marital Status: [ ] -Single or Unaccompanied [ ] -Married	c. Is Spouse a member of the Uniformed Services? [ ] -YES [ ] -NO
b. If married, enter total number of Command sponsored dependents: _____ [ ] -Spouse [ ] -Dependent Parent [ ] -Children: Ages (a) ____ (b) ____ (c) ____ (d) ____	
d. If Departing on PCS Orders, enter: (1) Departure Date: _____ (2) Date GOV'T ____/CIV ____ Quarters Terminated _____	e. If Reporting on PCS Orders, enter: (1) Arrival Date: _____ (2) Date GOV'T ____/CIV ____ Quarters Available _____

f. For Special Occasion TLA, enter the number of days authorized by the Housing Officer

g. Enter Hotel Name and Phone Number: \_\_\_\_\_

(1) Occupancy Inclusive Dates: From \_\_\_\_\_ To \_\_\_\_\_

(2) Does the lodging have facilities for preparing/consuming meals: [ ] -YES [ ] -NO

(3) Was Government Mess available during the occupancy period: [ ] -YES [ ] -NO

(4) Was BOQ/BEQ available during the above period: [ ] -YES [ ] -NO  
(applies to single or unaccompanied personnel only)

2. I certify that the information given above is true and correct to the best of my knowledge. I am aware of the penalties for presenting a false statement in connection with this claim. Fraudulent claims will result in a fine of not more than ***\$10,000.00 or imprisonment for not more than five years, or both.*** (USC 237-1001)

\_\_\_\_\_  
**Member's Signature and Date**

**SECTION C: RECORD OF HOUSING SEARCH**

1. Member's Name (Last, First, MI):

2. Rank/Rate:

3. Social Security Number:

To maintain continued eligibility for TLA, every effort must be made to obtain permanent housing. If it becomes necessary to request an extension of TLA, the completeness and accuracy of this form will support your claim. Any lack of information may cause delay in processing your TLA application.

You are required to aggressively seek permanent quarters. Helpful sources: Local newspapers, realtors, and the Community Homefinding, Relocation and Referral Services Office.

**COMMUNITY HOMEFINDING, RELOCATION AND REFERRAL SERVICES OFFICE**  
**808-474-1972, 1973, 1974, 1975, 1976**

**RECORD YOUR HOUSING SEARCH PROGRESS IN THE SPACES PROVIDED BELOW:**

NBR	DATE	ADDRESS	POC Phone Number	COST and NBR of BEDROOMS	REASON FOR UNSUITABILITY
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

**TO BE COMPLETED BY THE TRANSPORTATION OFFICER OR DESIGNEE**

1. The member's Record of Housing Search has been reviewed, and has been determined to be:

☐ -Adequate      ☐ -Inadequate - The member is not attempting to make an aggressive housing search. TLA entitlement is terminated effective: \_\_\_\_\_

2. Member has been counseled on responsibility to obtain adequate permanent housing as quickly as possible, and has been granted TLA for an additional -day period in order to locate such quarters.

\_\_\_\_\_  
Transportation Officer or Designee's Signature & Date